

**Before the
New Hampshire Board of Medicine
Concord, New Hampshire 03301**

In the Matter of:
Frank O. Warren, III, M.D.

VOLUNTARY SURRENDER OF LICENSE

Recognizing that professional misconduct allegations are now pending against me before the New Hampshire Board of Medicine ("Board") concerning one or more acts of negligence, involving either procedural error, and/or preoperative evaluation and work up and/or failure to diagnose a known complication in a timely fashion, involving the care of four patients and an act of gross negligence involving failure to diagnose and treat a known complication in a timely fashion, during the treatment and care of one of my patients, I, Frank O. Warren, III, M.D., hereby voluntarily surrender my New Hampshire license (#6282) effective on the date that the Board accepts this offer of voluntary surrender.

By voluntarily surrendering my license, I understand that:

1. I relinquish all rights and privileges to practice medicine in the State of New Hampshire effective upon the Board's acceptance of this voluntary surrender.
2. I admit that this license surrender has occurred in settlement of pending disciplinary charges.
3. I admit to no violations of RSA 329:17, but recognize that the fact of my voluntary surrender will be distributed by the Board as a disciplinary action.
4. I agree that I shall not again seek licensure in the State of New Hampshire or in any other jurisdiction. I understand that if I were to seek licensure in the State of New Hampshire, I would be required to meet and bear the burden of proving

compliance with all of the standards and prerequisites then required by the Board for new applicants, including professional character requirements.

5. I understand that allegations of misconduct have been raised against me relating to the treatment and are of the following patients:

A. Patient A

Dr. Warren performed a laparoscopic cholecystectomy of Patient A.

Patient A received an inadequate pre-operative assessment of his medical condition and suffered from a significant but identifiable surgical complication which was not recognized or addressed in a timely fashion and which was a contributing factor in Patient A's death.

B. Patient B

Patient B was treated for traumatic injuries suffered in a car accident. Dr. Warren performed a limited resection and repair of a perforated hepatic flexure. Patient B was placed on TPN postoperatively. Appropriate monitoring and follow-up was not conducted of the TPN, contributing to Patient B's death.

C. Patient C

Dr. Warren performed an elective hernia repair on Patient C. Patient C received an inadequate pre-operative assessment which, based upon Patient C's history, failed to include at a minimum liver function test and Pro-time assessment.

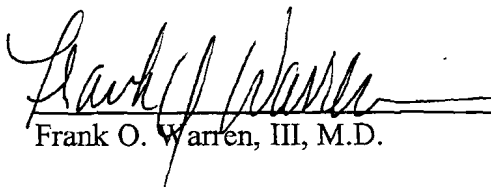
D. Patient D

Dr. Warren performed laparoscopic cholecystectomy on an urgent care

basis on Patient D. Patient D suffered surgical injury to her small bowel and colon. This complication was discovered and addressed appropriately in a timely fashion.

6. I understand that the pending disciplinary allegations shall be resolved in any future licensure application I may submit in New Hampshire. I hereby specifically waive any statute of limitations or laches defense, which might then be available as to these misconduct allegations. However, I expressly reserve the right to assert any and all defenses to the allegations set forth in paragraph 5 above.
7. I understand that if the Board chooses to accept my surrender of license, this document shall be distributed to all relevant licensing authorities and professional societies in the same manner as a final decision making specific finding of professional misconduct. I recognize that the fact of my voluntary surrender will be distributed by the Board as a disciplinary action. I further understand that this document shall become a permanent part of my file, and will be maintained by the Board as a public document.
8. I voluntarily submit this surrender of license to the Board and state that no promises or representations have been made to me other than those terms and conditions expressly stated herein.

IN WITNESS WHEREOF, I hereby affix my signature on this 13th day of July, 2005.


Frank O. Warren, III, M.D.

New Hampshire Board of Medicine
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Voluntary Surrender of License

ACCEPTED BY THE BOARD OF MEDICINE* on this 1st day of February,
2005.

Date: 2/8/06

Penny Taylor
(Signature)

PENNY TAYLOR
(Print or Type Name)
Authorized Representative of the
New Hampshire Board of Medicine

* Recused Board Members:

Kevin R. Costin, PA
Cynthia Cooper, MD

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